#### APPLICATION FOR LICENSURE AS A DOCTOR OF OPTOMETRY

### BY EXAMINATION AS PROVIDED BY

### **CHAPTER 636 OF THE NEVADA REVISED STATUTES**

#### **IMPORTANT NOTICE:**

Completion of this application form is necessary for consideration for licensure under Chapter 636 of the Nevada Revised Statutes. Disclosure of this information is voluntary. Failure to disclose all requested information may result in this form not being processed and may subsequently result in denial of this application.

All candidates for licensure have an obligation to update and supplement the information and responses on this application if they change. Failure to supplement the information and responses provided on this application may result in denial or other appropriate action. All information provided must be accurate. Please note that the information provided on this application is subject to the public information laws of the State of Nevada. Carefully follow the directions on this application form.

### In addition, note the following:

- 1. Type or print legibly with blue or black ink only;
- 2. The application/examination fee is NOT refundable;
- 3. Disclosure of your U.S. Social Security Number, if you have one, is mandatory. This disclosure is mandated by NRS 636.157; and
- 4. If the name shown on your supporting documents is different from that shown on your application, you must submit proof of legal name change, a certified copy of your marriage license, divorce decree, affidavit or court order.

#### **Supporting Documentation and Fees:**

\$250 application/examination fee

Transcript of undergraduate education sent from each institution

Transcript of optometry school education sent from the institution

Wallet or passport size colored photo taken within 30 days of the submission of this application

Your application is NOT complete until all supporting documents and fees have been received by the Nevada State Board of Optometry.

Applicant's Signature		

#### PART I. **Applicant's Identifying Information**

No

Complete this section of the form by providing all requested information. You must notify the Board of Optometry, in writing, of any address changes that occur after you file the application. Suffix First Name MI Last Name 2. Social Security Number: 3. Current Address: Street Address City Zip Code State 4. Permanent Mailing Address, including postal code if different from current address listed above: Street Address City State Zip Code 5. Identify Preferred Mailing Address: Current П Permanent Note: You must select one. The preferred mailing address will be available to the public. 6. Identify each maiden name, surname, or any other names or aliases you have been known by or used, and identify the reason for your name change. 7. Place of birth (City, County, State, other jurisdiction, Country) Date of Birth (MM/DD/YYY) 8. Contact Information: Daytime:\_\_\_\_\_Evening:\_\_\_\_ **Telephone Numbers:** E-Mail Address: 9. Citizenship: Are you a citizen of the United States? Yes 

If you	ı answered NO, are you:					
	A qualified alien (as defined in 8 U.S.C.A. Se	c. 1641)				
	A nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A. Sec. 1101, et seq.)					
	An alien who is paroled into the U.S. under 8 U.S.C.A. Section 1128(d)(5) for less than one year					
	A foreign national not physically present in the United States					
	Other – Please provide a detailed explanation	on				
	ou intend to seek entry into the United States for than an optometrist?	or the purpose of perfor	ming labor as a healthcare worker			
	Yes					
	No					
10, I	Military Service					
Have	you ever served in the Military?					
	Yes					
	No					
If you	answered "Yes", Date(s) of Service: From		To			
		(DD-MM-YYYY)	(DD-MM-YYYY)			
Bran	ch(es) of service: (Check all that apply)					
	Army/Army Reserve					
	Marine Corps/Marine Corps Reserve					

	Navy/Navy Reserve				
	Coast Guard/Coast Guard Reserve				
	National Guard				
	Air Force/Air Force Reserve				
Military	Occupation Specialty/Specialties?				
Has you	r spouse ever served in the Military?				
	Yes				
	No				
If you a	nswered "Yes", Date(s) of Service: From		То		
		(DD-MM-YYYY)	(DD-MM-YYYY)		
Branch(	(es) of service: (Check all that apply)				
	Army/Army Reserve				
	Marine Corps/Marine Corps Reserve				
	Navy/Navy Reserve				
	Coast Guard/Coast Guard Reserve				
	National Guard				
	Air Force/Air Force Reserve				
Military	Occupation Specialty/Specialties?				
PART II	I. Education Information				
1. Namo	e of Last Secondary School Attended:				
Locat	tion of Last Secondary School Attended:				
		(City and State/Ju	risdiction)		
Year of Graduation:or Year G.E.D. Earned:					
	<del></del>				

If G.E.D. earned, please list jurisdiction	where earned:_			
2. Post Secondary Education History:				
Starting with your undergraduate chronological order:	education, list	<u>all</u> schools, co	olleges, and unive	rsities attended ir
Name of College/University	Dates of Atte	endance	Graduated	Degree/Major
	From	То	Yes/No	
	Mo/Year	Mo/Year		
	From	То	Yes/No	
	Mo/Year	Mo/Year		
	From	То	Yes/No	
	Mo/Year	Mo/Year		
	From	То	Yes/No	
	Mo/Year	Mo/Year		
PART III. Record of Licensure	Information			
If you have ever been licensed, cert complete the information requested l States. Failure to disclose all licens application, or other appropriate actio	pelow. You mus es, certifications	st include juriso	dictions within and	outside the United
Jurisdiction	License Num	ber Da	te of Issuance	Status

## PART IV. Personal History Information

1. Have you ever had an application for any professional license refused or denied by any licensing authority					
		Yes		No	
2. Have you ever been refused or denied the privilege of taking an examination requirensure?	uirec	l for an Yes	y prof	<sup>f</sup> essional No	
3. Have you ever voluntarily surrendered your optometry license?		Yes		No	
4. Have you ever allowed your optometry license to lapse, or had a limited license is authority?	ssue	d by an Yes	y opto □	ometric No	
5. Have you ever voluntarily surrendered any other professional license?		Yes		No	
6. Have you ever allowed any other professional license to lapse, or had a limited licensing authority?	ens	e issued Yes	d by a	ny other No	
7. Has your optometry license ever been revoked?		Yes		No	
8. Have you ever been the subject of disciplinary action with regard to your optome	try l	icense?	,		
		Yes		No	
9. Have you ever had any other professional license revoked?		Yes		No	
10. Have you ever been the subject of disciplinary action by any licensing agency with professional license?	ith r	egard to Yes	o any	other No	
11. To your knowledge, have any unresolved or pending complaints been filed again licensing authority?	nst y	ou by a	ny op □	tometric No	
12. Have you ever had a registration issued by a controlled substance authorsurrendered, limited, or restricted?	rity	revoko Yes	ed, su □	ispended No	
13. Have you ever voluntarily surrendered a registration issued by a controlled sub	stan	ce auth	ority	,	
		Yes		No	
14. Has your application for accreditation by the DEA ever been denied?		Yes		No	

15. Has the DEA ever disciplined your certification, or have lapse, or had a limited certificate issued by the DEA:	you ever voluntarily su	ırren	dered Yes	it, allo	wed it to
16. Is there any disciplinary action pending against you agency, or any state drug enforcement authority?	i by any licensing juris	sdicti	on, dr Yes	ug en □	forcement No
If yes, when and where?					
17. Have you been charged with or convicted (including a criminal offense in any state or federal court (other than					
was imposed or suspended?			Yes		No
18. Have you ever been pardoned from a felony (or crimina	al) conviction?		Yes		No
19. Have you ever had a record expunged from a felony (or	criminal) conviction?		Yes		No
20. Have you ever been charged with or convicted (incl violation of any federal or state drug law(s) or rule(s) whet					
			Yes		No
21. Are you being treated or have you, in the last 5 years, b	een treated for drug or	alcoh	ol add	iction	or
participated in a rehabilitation program?	_		Yes		No
PART V. Work History/Practical Experience					
Complete each of the following items. List all employs beginning with the most recent. Explain any breaks in emp			_		
1. Name of Business/Institution	Job Title				
	· · · · · · · · · · · · · · · · · · ·				
Address/Phone Number of Business/Institution	Name of Super	visor			
Dates of Employment	Reason for terr	ninat	ion/re	esigna	tion
From:To					
Description of Duties Performed					

2. Name of Business/Institution	Job Title		
Address/Phone Number of Business/Institution	Name of Supervisor		
Dates of Employment	Reason for termination/resignation		
From:To Description of Duties Performed	_		
3. Name of Business/Institution	Job Title		
Address/Phone Number of Business/Institution	Name of Supervisor		
Dates of Employment	Reason for termination/resignation		
From:To Description of Duties Performed	_		
4. Name of Business/Institution	Job Title		
Address/Phone Number of Business/Institution	Name of Supervisor		
Dates of Employment From:To	Reason for termination/resignation		
Description of Duties Performed			

# PART VI. **Child Support Information** In accordance with NRS 636.159 applicants for licensure must certify under penalty of perjury: 1. I currently have no obligation for child support □ Yes No 2. I am currently obligated by Court Order for the payment of child support □ Yes No 3. No arrearage exists on the child support obligation □ Yes No 4. Currently there is an arrearage on the child support obligation □ Yes П No 5. I am currently repaying a child support arrearage pursuant to an agreement with the District Attorney or other public enforcement agency, and my ongoing monthly payment is current If you chose "2" you must choose the response that applies to your child support obligation. Failure to choose a response will result in the denial of your application. PART VII. **Certifying Statement** By virtue of filing this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms set forth in this application is true, correct, and complete to the best of my knowledge, and that the photograph attached hereto is a true likeness of myself. I hereby authority the Nevada State Board of Optometry to verify any and all information contained in this application, including information maintained in applicable data banks. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the licensing authority." Signature of Applicant Printed Name of Applicant Subscribed and sworn to before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_\_.

Notary Public

(Attach photograph here)